State of Tennessee



License Ac. _____ 0000002293

DEPARTMENT OF HEALTH

This Is To Certify, that a license is hereby granted by the Tennessee Department of Health to: JACKSON BRANCH LABORATORY, TENNESSEE DEPARTMENT OF HEALTH
Medical Laboratory Director ORISTYNE E. WALKER, PH.D.
Owner STATE
To conduct and maintain a Medical Laboratory in the Specialty (ies) of: BACTERIOLOGY SYPHILIS SEROLOGY GENERAL IMMUNOLOGY
On the premises located at 295 SUMMAR DR, JACKSON, TN 38301-3905
Ecunty of MADISON
This license shall expire MARCH 31 2007
This license shall be displayed in a conspicuous place where it may be viewed by the public. The holder of this license is subject to the provisions of T.C.A. Section 68-29-111 and regulations thereto. This license shall not be assignable or transferable and shall be subject to revocation at any time by the State Department of Health for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.
In Witness Whereof, we have hereunto set our hand and seal of the State this 4TH day of MAY 2006. By CHAIRMAN, MEDICAL LABORATORY BOARD DIVISION OF HEALTH RELATED BOARDS